



Linda McCulloch, Superintendent  
Montana Office of Public Instruction  
PO Box 202501  
Helena, Montana 59620-2501  
www.opi.state.mt.us

## APPLICATION FOR PROVIDER STATUS

FOR APPROVAL BETWEEN JULY 1, OF ANY YEAR, AND  
JUNE 30 OF THE FOLLOWING YEAR.

### ASSURANCE OF COMPLIANCE

NAME OF AGENCY

ADDRESS

CITY/STATE/ZIP

Website

NAME OF CHIEF ADMINISTRATIVE OFFICER OF AGENCY

Telephone\_\_\_\_\_

TITLE

Email\_\_\_\_\_

NAME OF AGENCY INSERVICE DESIGNEE (responsible for required record keeping)

TITLE

Telephone\_\_\_\_\_

MAILING ADDRESS (if different from above)

Email\_\_\_\_\_

CITY/STATE/ZIP

### ASSURANCE

I, \_\_\_\_\_, certify that the above-named agency complies with the definition of "provider of professional development" and will comply with record keeping regulations, specified in ARM 10.57.215 and 10.57.216, and that written records for each program shall be maintained, reported annually to the OPI, and available for the OPI inspection.

\_\_\_\_\_  
Signature of Chief Administrative Officer

\_\_\_\_\_  
Date

**RETURN TO:** Educator Licensure, Office of Public Instruction, PO Box 202501, Helena, MT 59620-2501

To be completed by the OPI

Approved by\_\_\_\_\_ Date\_\_\_\_\_